



Employment Application

Instructions

Please complete all sections of this application form. Attach extra pages if necessary. The information will remain Confidential. Past work performance checks will be done.

Please note that, if hired, we will require a Criminal Records Check and an Oath of Confidentiality.

Position Information

Full Time
 Part Time
 Casual/Temp.

Type of Position:
Program:
Application Date (D/M/Y):

Personal Information

Last Name: First Name:

Mailing Address:

Postal Code:

E-Mail Address:

Residence Phone: Business Phone:

Cell Phone:

Citizenship Status: Documentation may be required

Are you legally entitled to work in Canada?(you may be required to provide the appropriate documentation)
YES NO

Illness and Disability:

Is your ability to perform the duties of the position you are applying for likely to be affected by a current or previous illness or disability?

YES – Please explain on separate page NO



Current Employment Status

Are you currently employed? YES NO

If YES, indicate status and position: Full Time Part Time Casual / Temporary

Position:

Are you willing to work shifts? YES NO

Education & Training

Please describe secondary, post-secondary, courses and training which have given you work related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed. Official documentation may be required. Attach a separate page if necessary.

Institution	Location	Dates of Attendanc	Area of Study	Highest Level	Completed	
					YES	NO



Work Volunteer/History

Have you previously been employed in any TDCSS Program? YES NO

If YES, indicate Program and position: _____

Beginning with your most **RECENT** experience, describe your work history. In the area for "**Duties and Skills**" describe the major duties and skills acquired/used as they relate to the position you are applying for. If any references have known you by a previous name, please specify. Attach additional pages if required.

Employer & Location	Start (D/M/Y)	End (D/M/Y)	
Supervisor Reference	Supervisor Phone Number	Reason for Leaving	
Position	Job Classification	Salary	No. of People Supervised

Duties & Skills:

Employer & Location	Start (D/M/Y)	End (D/M/Y)	
Supervisor Reference	Supervisor Phone Number	Reason for Leaving	
Position	Job Classification	Salary	No. of People Supervised

Duties & Skills:



Employer & Location	Start (D/M/Y)	End (D/M/Y)

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Duties & Skills:

Employer & Location	Start (D/M/Y)	End (D/M/Y)

Supervisor Reference	Supervisor Phone Number	Reason for Leaving

Position	Job Classification	Salary	No. of People Supervised

Duties & Skills:

Skills / Experience (Program Specific)

Include life, volunteer and cultural experiences. You may use this space to enter other information you would like us to consider in reviewing your application. Attach additional pages if required.

Languages Spoken:

Driver's License Information

Provide the following information if relevant to the position you are applying for or if this is a general application.

Class(es) of valid driver's license

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If required, do you have access to a personal vehicle? YES NO

References

Reference checks will be conducted to assess your past work performance and may include checks of attendance records.

In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

Name	Phone	Relationship	No. of years

Do you wish to be consulted prior to our conducting a reference check with your past or present employers?

Past employers YES NO Present employer YES NO

Certification

Please read carefully before signing. This application is not valid unless signed by the applicant.

I certify that the information provided in this application or attachments/resume is true and complete. I understand that if any information in this application or attachments/resume is found to be untrue or incomplete, my application may be rejected, or may cause me to forfeit any claims on my part to employment with this organization.

X _____
Signature Date

For Office Use Only:
